Case 23-12723-pmm Doc 19 Filed 10/17/23 Entered 10/17/23 15:33:04 Desc Main Fill in this information to identify your case: Debtor 1 JANET WILAMOWSKI First Name Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA 23-12723 Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 105A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? ☐ No. Go to Part 2. Yes. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority Nonpriority amount amount 2.1 Pennsylvania Dept. of Revenue \$1,359.00 Last 4 digits of account number \$0.00 \$1,359.00 Priority Creditor's Name **Bankruptcy Division** When was the debt incurred? P.O. Box 280946 Harrisburg, PA 17128-0946 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: □ Domestic support obligations At least one of the debtors and another Check if this claim is for a community debt Taxes and certain other debts you owe the government Is the claim subject to offset? Claims for death or personal injury while you were intoxicated ■ No Other. Specify ☐ Yes Rante List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? \square No. You have nothing to report in this part. Submit this form to the court with your other schedules. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

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4.1	Allen B. Dubroff Esq. & Assocs., LLC Nonpriority Creditor's Name 1500 JFK Blvd - Suite 910 Philadelphia, PA 19102 Number Street City State Zip Code Who incurred the debt? Check one.	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply	\$0.00	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only		☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	Debts to pension or profit-sharing plans, and other similar debts		
	☐ Yes	Other. Specify	_	
4.2	Bankers Healthcare Group, LLC Nonpriority Creditor's Name	Last 4 digits of account number	\$25,000.00	
	201 Solar Street Syracuse, NY 13204 Number Street City State Zip Code Who incurred the debt? Check one.	When was the debt incurred? As of the date you file, the claim is: Check all that apply	_	
	_			
	■ Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only		Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other: Specify	_	
4.3	Comenity Bank	Last 4 digits of account number	\$9,554.85	
	Nonpriority Creditor's Name P.O. Box 650967 Dallas, TX 75265-0967	When was the debt incurred?	_	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts		
	☐ Yes	Other. Specify	_	

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debt

No.

☐ Yes

Is the claim subject to offset?

report as priority claims

Other, Specify

 $oxed{\square}$ Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

Debtor	1 JANET WILAMOWSKI	Document Page 4 of 6 Case number (if known)	Desc Main
4.7	PNC Bank	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name P.O. Box 77201	When was the debt incurred?	73.00
	Chicago, IL 60677-1021 Number Street City State Zip Code Who Incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.8	PSS Eye Care	Last 4 digits of account number	\$250.00
	Nonpriority Creditor's Name 19 Rollins Crossing Pittsford, NY 14534	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\Box Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	
	Small Business Administration Nonpriority Creditor's Name	Last 4 digits of account number	\$72,389.00
-	3535 Market Street Philadelphia, PA 19104	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	ls the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	□ _{Yes}	Cibor Coasife	

Other. Specify _____

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Debtor 1 JANET WILAMOWSKI

6h. 6i.	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Add all other nonpriority unsecured claims. Write that amount here.	6h. 6i.	s	0.00 116,302.11
6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	116,302.11